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RULE				

## APPLICANTS

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*SW*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/239,899 10/13/2000 and is a CIP of 09/227,357 01/08/1999 PAT 6,342,581  
which is a CIP of PCT/US98/13684 07/07/1998  
which claims benefit of 60/051,926 07/08/1997  
and claims benefit of 60/052,793 07/08/1997  
and claims benefit of 60/051,925 07/08/1997  
and claims benefit of 60/051,929 07/08/1997  
and claims benefit of 60/052,803 07/08/1997  
and claims benefit of 60/052,732 07/08/1997  
and claims benefit of 60/051,931 07/08/1997  
and claims benefit of 60/051,932 07/08/1997  
and claims benefit of 60/051,916 07/08/1997  
and claims benefit of 60/051,930 07/08/1997  
and claims benefit of 60/051,918 07/08/1997  
and claims benefit of 60/051,920 07/08/1997  
and claims benefit of 60/052,733 07/08/1997  
and claims benefit of 60/052,795 07/08/1997  
and claims benefit of 60/051,919 07/08/1997  
and claims benefit of 60/051,928 07/08/1997  
and claims benefit of 60/055,722 08/18/1997  
and claims benefit of 60/055,723 08/18/1997  
and claims benefit of 60/055,948 08/18/1997  
and claims benefit of 60/055,949 08/18/1997  
and claims benefit of 60/055,953 08/18/1997  
and claims benefit of 60/055,950 08/18/1997  
and claims benefit of 60/055,947 08/18/1997  
and claims benefit of 60/055,964 08/18/1997  
and claims benefit of 60/056,360 08/18/1997  
and claims benefit of 60/055,684 08/18/1997  
and claims benefit of 60/055,984 08/18/1997  
and claims benefit of 60/055,954 08/18/1997  
and claims benefit of 60/058,785 09/12/1997  
and claims benefit of 60/058,664 09/12/1997  
and claims benefit of 60/058,660 09/12/1997  
and claims benefit of 60/058,661 09/12/1997

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
12/06/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

## TITLE

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